



KENTUCKY EMPLOYEES' HEALTH PLAN

PY 2011

PRE TAX REQUEST FORM

Unless the Pre-Tax form is completed, a dependent child will automatically be covered on a post-tax basis after December 31 of the year in which the dependent child turns 26. If your child qualifies under Section 152 of the Internal Revenue Code for pre-tax treatment this form must be completed. This form must be re-submitted every year after the child reaches their 26th birthday, provided the child continues to meet eligibility requirements.

*** Spouse must complete a separate form if the cross-refer payment option is elected.**

DEMOGRAPHIC INFORMATION → Please PRINT

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Social Security Number

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Date of Birth (MM/DD/YYYY)

NAME (First, MI, Last)

Company number

Mailing Address

City, State, Zip Code

County of Residence

Country / Mail Code, if not USA

Planholder's HOME Phone Number

Planholder's WORK Phone Number

Planholder's Email Address

Hire Date

Employer Name

Work County

AUTHORIZATION AND CERTIFICATION

- I understand that paying dependent premiums on a pre-tax basis for an individual who does not meet the definition of "qualifying child" or "qualifying relative" may be in violation of federal tax law (I.R.C. § 152)
- I understand that I will not have another opportunity to participate on a pre-tax basis until a subsequent open enrollment period.
- I understand that if a dependent child does not meet the requirements of a I.R.C. § 152 of a "qualifying child" or "qualifying relative" they may be eligible to be covered as a dependent on a post-tax basis pursuant to KEHP plan eligibility defined by KRS 304.17A.256.
- I understand that if I have enrolled for health insurance coverage on a separate benefit enrollment form, I will pay my share of the contribution with pre-tax payroll deductions
- I understand that I.R.C. § 152 does not create a new category of eligible dependents or make people who were previously ineligible for coverage eligible

Employee Signature

Date

Please sign and date this form and give it to your payroll department.

Payroll department signature

Date